


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 17, 2006 8:00 am**  
**Secretary of State**

07-17-2006 90043 042 \*\*\*\*50.00

<b>DOCUMENT # L0000000241</b>	
1. Entity Name <b>THE DELAURENTIS FAMILY, LLC</b>	

Principal Place of Business <b>925 MARKET STREET PATERSON, NJ 07513</b>	Mailing Address <b>925 MARKET STREET PATERSON, NJ 07513</b>
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2. Principal Place of Business <b>4-53 Boyd Avenue</b> Suite, Apt. #, etc.	3. Mailing Address <b>4-53 Boyd Avenue</b> Suite, Apt. #, etc.
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City & State <b>Fair Lawn, NJ</b>	City & State <b>Fair Lawn, NJ</b>
Zip <b>07410</b>	Zip <b>07410</b>
Country <b>USA</b>	Country <b>USA</b>



07072006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent <b>LEAPLEY, ROBERT A 200 WEST FORSYTH STREET, SUITE 1400 JACKSONVILLE, FL 32202-4327</b>		7. Name and Address of New Registered Agent Name <b>Robert A. Leapley, Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>245 Riverside Avenue, Ste 400</b> City <b>Jacksonville</b> FL Zip Code <b>32202</b>	
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4. FEI Number <b>58-2514426</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 6, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DELAURENTIS, GERALD D 925 MARKET ST. PATTERSON, NJ 07513 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Gerald D. DeLaurentis 4-53 Boyd Avenue Fair Lawn, New Jersey 07410 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Gerald D. DeLaurentis Date: 7-12-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #